



DAY & TEMPORARY LABOR SERVICES AGENCY APPLICATION

Illinois Department of Labor
Fair Labor Standards Division
160 North LaSalle, Suite C-1300
Chicago, IL 60601-3150

DOL.DayLabor@illinois.gov - Phone: (312) 793-7837 - Fax: (312) 814-1210

Office
Use
Only

Date Received

TYPE OF APPLICATION: ☐ New ☐ Renewal

APPLICATION IS HEREBY MADE ON BEHALF OF:

(If a corporation, please attach a copy of the current articles of incorporation and the current by-laws)

(If a L.L.C., please attach a copy of articles of organization, and the operating agreement)

<input type="checkbox"/> Corporation	Name	Fein#
<input type="checkbox"/> Sole Proprietorship	Name	Fein/SS#
<input type="checkbox"/> Partnership	Name	Fein#
<input type="checkbox"/> Limited Liability Company (L.L.C.)	Name	Fein#
<input type="checkbox"/> Other		Fein/SS#

Expiring

What Was Your First Date of Operation? __/__/__

Name Under Which Business Will Operate				
Street Address (Not a PO Box)			County	
City	State	Zip Code		
E-Mail Address				
List all telephone numbers used by the agency, all incoming and outgoing lines (attach an additional sheet of paper if necessary):				
Telephone #		Telephone #		
Telephone #		Fax #		

Fee Received

List any other business owned or operated in whole or in part (attach an additional sheet of paper if necessary)

<input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Other (please specify):				
Name				
City	State	Zip Code		
Telephone #:	Fax #			

Check #

Has this agency ever been licensed under another name(s)? If yes, please provide name(s):

Approximate #of individuals/laborers the Day & Temporary Labor Service Agency intends to employ	
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Type of Facilities Served:	
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Total Number of W-2s to be Mailed January 2015 _____

What was the date when first individuals/laborers dispatched to a Third Party Employer? __/__/__

List your Illinois Unemployment Insurance Account Number issued by the Illinois Department of Employment Security.

UI Account Number:

Will any form of transportation be provided?
No ☐ Yes ☐

If yes, please provide proof of financial responsibility pursuant to Chapter 8 of the Illinois Vehicle Code (a copy of your insurance policy must be enclosed).

*List your Workers' Compensation Insurance Carrier (*Provide the following information: name of insurance carrier, policy number and the dates of coverage or if you are a self-insured company, a copy of the certificate of approval issued by the Illinois Workers' Compensation Commission.)

(Insurance Carrier)

Policy # _____

Policy effective from __/__/__ to __/__/__

The person who is to have the general management of the agency is:

Name

Address

City

State

Zip Code

Telephone

Fax #

Registered Agent

☐ Corporate

☐ LLC

Name

Address

City

State

Zip Code

Telephone

Fax #

Applicant is:

1. ☐ An Individual, and will conduct his/her agency as a sole proprietorship

Name

Address

City

State

Zip Code

2. ☐ A Partnership, list names of all managing partners (attach additional sheets if needed)

Name

Address

City

State

Zip Code

3. ☐ A Limited Liability Company originated and existing under the laws of the State of _____, and if a foreign L.L.C., said L.L.C. is admitted to do business in Illinois.

List all Managers of the L.L.C. (attach additional sheets if necessary).

Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			
Manager					
Address					
City		State		Zip Code:	
Telephone #		Fax #			

4. ☐ A Corporation, incorporated under the laws of the State of _____

on _____, _____, and if a foreign corporation is authorized to business in the state of Illinois.

List officers and shareholders owning more than five percent (5%) of the corporation's stock (attach additional sheets if necessary).

President					
Address					
City		State		Zip Code:	
Telephone #		% of stock owned			
CEO					
Address					
City		State		Zip Code	
Telephone#		% of stock owned			
Secretary					
Address					
City		State		Zip Code:	
Telephone #		% of stock owned			
Treasurer					
Address					
City		State		Zip Code:	
Telephone #		% of stock owned			

The undersigned certifies and affirms that he/she has read and understands the contents of this application and shall abide by all terms and conditions stated in any part of the form (instructions, filing requirements and licensing information) and that the undersigned is an owner or manager of the business and is sufficiently familiar with the ownership, management, control and other aspects of the business to accurately and completely fill out the form. **Also affirms that the undersigned is not operating or transacting business at a location within 1,000 feet of a school building or a building in which a Boys and Girls Club is located; or real property comprising a school or a Boys and Girls Club in a municipality with more than 1,000,000 inhabitants unless registered with the Department of Labor prior to January 1, 2008 and received an occupancy permit for a location from a municipality prior to January 1, 2008.** Further, the undersigned swears or affirms that the information provided is true and current at the time of the signing and that the person signing is authorized to do so.

The undersigned certifies that the applicant is an individual 18 years of age or older. The undersigned certifies that the applicant is in compliance with the Illinois Wage Payment and Collection Act (820 ILCS 115) and state and federal laws relating to employee compensation and overtime compensation (Illinois Minimum Wage Law, 820 ILCS 105), social security taxes, state and federal income taxes, workers' compensation (Workers' Compensation Act 820 ILCS 305), and unemployment taxes (Unemployment Insurance Act, 820 ILCS 405).

Check one only: ☐ Sole Owner ☐ Partner ☐ Authorized Corporate Officer ☐ Manager

Signature					
Name					
Title					
Date					

This application or renewal must be accompanied by a certified check, cashier's check or money order in the amount of \$1,000 for each agency and \$250 for each office location listed on pages 5-, and any additional pages.

List the name and location of each office from which services will be provided and name of the person in charge of its office (attach additional sheets of paper if necessary)

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			

Name		Person Name			
Address					
City		State		Zip Code	
Telephone #		Fax #			